

difference in the behaviour of the two races under surgical disease varied in hybrids according to the amount of white blood which they possessed. As a result of his study he suggests: (1). Surgical affections pursue different courses in the white and colored races under identical hygienic surroundings. (2). Surgical operations and injuries are better borne by negroes than by whites. (3). Surgical diseases involving the lymphatic system, especially tubercular, are more fatal in negroes than in whites. (5). Surgical differences between negroes and whites are due to racial peculiarities.—*American Surgical Association*, 1887.

V. Puncture of the Heart in Chloroform Narcosis. By B. A. WATSON, M. D. (Jersey City). This paper is an experimental study based upon sixty cases in which the operation was done in dogs, and concludes: (1). The puncture of the heart, especially of the right ventricle, stimulates the muscular contractions, and may be advantageously employed in the treatment of chloroform narcosis. (2). The best results are obtained when abstraction of blood from the cavity of the ventricle is combined with the stimulating effects produced by the entrance of the aspirator needle. 3. The puncture of the right ventricle is a safer and more efficient operative procedure than puncture of the right auricle.—*American Surgical Association*, 1887.

HEAD AND NECK.

I. A Case of Trephining in Intra-Meningeal Hæmatoma with Hemiplegia. Recovery. By S. T. ARMSTRONG, M. D. (U. S. Marine Hospital Service). A negro, æt. 53, was struck on the left forehead by a brick, the edge of the missile producing an irregular lacerated wound, about one-half inch above the external edge of the eyebrow. The wound healed well under antiseptic dressings in fifteen days, but the patient continued to be troubled with a roaring in the head. About a month later, the roaring still continued, and a slight dragging of the foot appeared; on examination a few days after, the presence of *arcus senilis* was noticed; the pupils were small, but responded well to light, and a later examination showed optic neuritis affecting both eyes; the right ear heard the watch at six inches,

the left at three; the tongue was protruded straight, and the facial muscles were not involved; muscular power of hands apparently the same. Two days later still, the right arm was found to be less powerful than the left. The symptoms indicated a cortical cerebral lesion, affecting the middle frontal convolution—which lay beneath the site of the original injury—and extending upward and backward, gradually involving the ascending frontal convolution; the lesion seemed thus circumscribed, because if it involved the inferior frontal convolution, aphasic symptoms would have been present. In view of the fact that the patient presented chilly sensations every morning, that the wound had been somewhat septic in character, and that the development of the hemiplegia was slow and late, it seemed probable that septic matter had been absorbed and an internal purulent inflammation developed. After proper preparation then, an incision was made through the frontal scalp, and a button of bone removed, hæmorrhage from a small branch of the meningeal artery being controlled by hot water. No intra-cranial fracture of the bone was found, but the dura mater was dark and had no communicated pulsation from the brain. Dark brown blood, but no pus, was brought out through the needle of a hypodermic syringe, and the matter continued to be ejected from the puncture when the needle was withdrawn; assisted by the pulsations of the brain, this continued when the opening was slightly enlarged, until almost all the fluid was evacuated. Drainage was then secured by disinfected horse hair, the wound dressed antiseptically, and the patient passed on to a perfect recovery.—*Jour. Am. Med. Assn.*, June 18, 1887.

II. Operative Relief of the Deformity Termed "Pug Nose." By JOHN O. ROE, M. D. (Rochester, N. Y.). Recognizing that this deformity is due to the disproportionate size of the end of the nose, the author brings it into symmetrical proportion with the bridge by the following operation. After deadening the sensibility of the interior of the end of the nose by cocaine, general anæsthesia being unnecessary, and brightly illuminating the part, the end of the nose is turned upward and backward and held with a retractor by an assistant, while sufficient of the superfluous tissue is removed or dissected